

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 2010-14787 HHS
Case ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████ appeared on her own behalf. ██████████, Appeals and Review Officer, represented the Department. ██████████, Adult Services Worker was present as a Department witness.

ISSUE

Did the Department properly terminate Home Help Services payments to the Appellant?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a ██████████ Medicaid beneficiary who was receiving Adult Home Help Services.
2. The Appellant moved prior to ██████████ and lives with her son.
3. The Appellant has been diagnosed with developmental disability, closed head injury in ██████████, major depression disorder, mild bilateral hearing loss, hypothyroidism, and osteoarthritis of cervical vertebra. (Exhibit 1, page 11)

4. On ██████████, an Adult Services Worker (worker) attempted to conduct the scheduled in home assessment with the Appellant for continuing eligibility for Home Help Services. The Appellant was not home, but did later talk with the worker by phone regarding continuing eligibility. (Exhibit 1, page 9)
5. As a result of the information gathered from at the time of the assessment, the ASW determined that the Appellant was no longer eligible for Home Help Services. (Exhibit 1, page 9)
6. On ██████████, the Department issued an Advance Negative Action Notice to the Appellant that her Home Help Services payments would close, effective ██████████. (Exhibit 1, pages 4-6)
7. The Appellant requested a formal, administrative hearing ██████████. (Exhibit 1, page 3)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Home Help Services (HHS) are provided to enable functionally limited individuals to live independently and receive care in the least restrictive, preferred settings. These activities must be certified by a physician and may be provided by individuals or by private or public agencies.

Adult Services Manual (ASM 363) 9-1-2008, pages 2-5 of 24 addresses the issue of assessment:

COMPREHENSIVE ASSESSMENT

The Adult Services Comprehensive Assessment (FIA-324) is the primary tool for determining need for services. The comprehensive assessment will be completed on all open cases, whether a home help payment will be made or not. ASCAP, the automated workload management system provides the format for the comprehensive assessment and all information will be entered on the computer program.

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.

- A face-to-face contact is required with the client in his/her place of residence.
- An interview must be conducted with the caregiver, if applicable.
- Observe a copy of the client's social security card.
- Observe a picture I.D. of the caregiver, if applicable.
- The assessment must be updated as often as necessary, but minimally at the six-month review and annual redetermination.
- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department record.
- Follow specialized rules of confidentiality when ILS cases have companion APS cases.

Functional Assessment

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the HHS payment.

Conduct a functional assessment to determine the client's ability to perform the following activities:

Activities of Daily Living (ADL)

- Eating
- Toileting
- Bathing
- Grooming
- Dressing
- Transferring
- Mobility

Instrumental Activities of Daily Living (IADL)

- Taking Medication
- Meal Preparation and Cleanup
- Shopping
- Laundry
- Light Housework

Functional Scale ADL's and IADL's are assessed according to the following five-point scale:

1. Independent
Performs the activity safely with no human assistance.
2. Verbal Assistance
Performs the activity with verbal assistance such as reminding, guiding or encouraging.
3. Some Human Assistance
Performs the activity with some direct physical assistance and/or assistive technology.
4. Much Human Assistance
Performs the activity with a great deal of human assistance and/or assistive technology.
5. Dependent
Does not perform the activity even with human assistance and/or assistive technology.

Note: HHS payments may only be authorized for needs assessed at the 3 level or greater.

Time and Task

The worker will allocate time for each task assessed a rank of 3 or higher, based on interviews with the client and provider, observation of the client's abilities and use of the reasonable time schedule (RTS) as a guide. The RTS can be found in **ASCAP** under the **Payment** module, Time and Task screen.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all IADLs except medication. The limits are as follows:

- 5 hours/month for shopping
- 6 hours/month for light housework
- 7 hours/month for laundry
- 25 hours/month for meal preparation

These are maximums; as always, if the client needs fewer hours, that is what must be authorized. Hours should continue to be prorated in shared living arrangements.

Service Plan Development

Address the following factors in the development of the service plan:

- The specific services to be provided, by whom and at what cost.
- The extent to which the client does not perform activities essential to caring for self. The intent of the Home Help program is to assist individuals to function as independently as possible. It is important to work with the recipient and the provider in developing a plan to achieve this goal.
- The kinds and amounts of activities required for the client's maintenance and functioning in the living environment.
- The availability or ability of a responsible relative or legal dependent of the client to perform the tasks the client does not perform. Authorize HHS **only** for those services or times which the responsible relative/legal dependent is unavailable or unable to provide.
- Do **not** authorize HHS payments to a responsible relative or legal dependent of the client.
- The extent to which others in the home are able and available to provide the needed services. Authorize HHS **only** for the benefit of the client and **not** for others in the home. If others are living in the home, prorate the IADL's by at least 1/2, more if appropriate.
- The availability of services currently provided free of charge. A written statement by the provider that he is no longer able to furnish the service at no cost is sufficient for payment to be authorized as long as the provider is not a responsible relative of the client.
- HHS may be authorized when the client is receiving other home care services if the services are not duplicative (same service for same time period).


On ██████████, the Adult Services Worker (worker) attempted to conduct the scheduled home visit for the Home Help Services (HHS) comprehensive assessment for redetermination in accordance with Department policy. The worker testified that the Appellant was not home, but later returned the workers message stating that she had been out shopping at Wal-Mart with her sister. (See also Exhibit 1, page 9) The worker spoke with the Appellant by phone on ██████████ and discussed ongoing eligibility for HHS. (Exhibit 1, page 9) The worker explained that the Appellant previously lived in a rural area and was only receiving assistance with shopping. The worker stated that the Appellant had moved and now lives only ¼ mile form a shopping center, has Your Ride transportation available to her, and lives with her son. The worker noted that the Appellant only takes 1 medication for a thyroid problem and is physically capable of performing her own shopping and errands. (Exhibit 1, page 9) Accordingly, the worker determined that the Appellant no longer qualified for Home Help Services payments.

The Appellant disagrees with the determination and testified that she does take other medications and that her doctor has diagnosed her with bipolar disorder. The Appellant explained that she needs assistance because she gets confused when shopping or paying bills. The Appellant also testified that while her son does live with her, he does not help her or take her shopping.

Based on the information available to the Department at the time of the re-determination eligibility for continuing Home Help Services not supported. No documentation of a diagnosis of bipolar disorder was submitted to the Department. Additionally, the Appellant's testimony indicates that she needs assistance due to confusion. The Department policy is clear in this area; HHS can not be authorized for verbal assistance such as reminding, guiding, or encouraging. The Department only authorizes HHS for needs assessed at level 3 or greater, indicating physical assistance is required. Further, it appears that a family member is available to assist the Appellant with shopping at least some of the time as the Appellant not home the day of the scheduled home visit because she was shopping at Wal-Mart with her sister. The Department properly considered the availability of other persons or services to assist the Appellant with shopping.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Department has properly terminated home help assistance payments for the Appellant based on the information available at the time of the re-determination.


Docket No. 2010-14787 HHS
Decision and Order

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:



Date Mailed: 3/30/2010

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.